

Practical Guide

**To the American Medical Association
Standards for the Accreditation of
Medical Care and Health Services in Jails.**



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ACQUISITIONS

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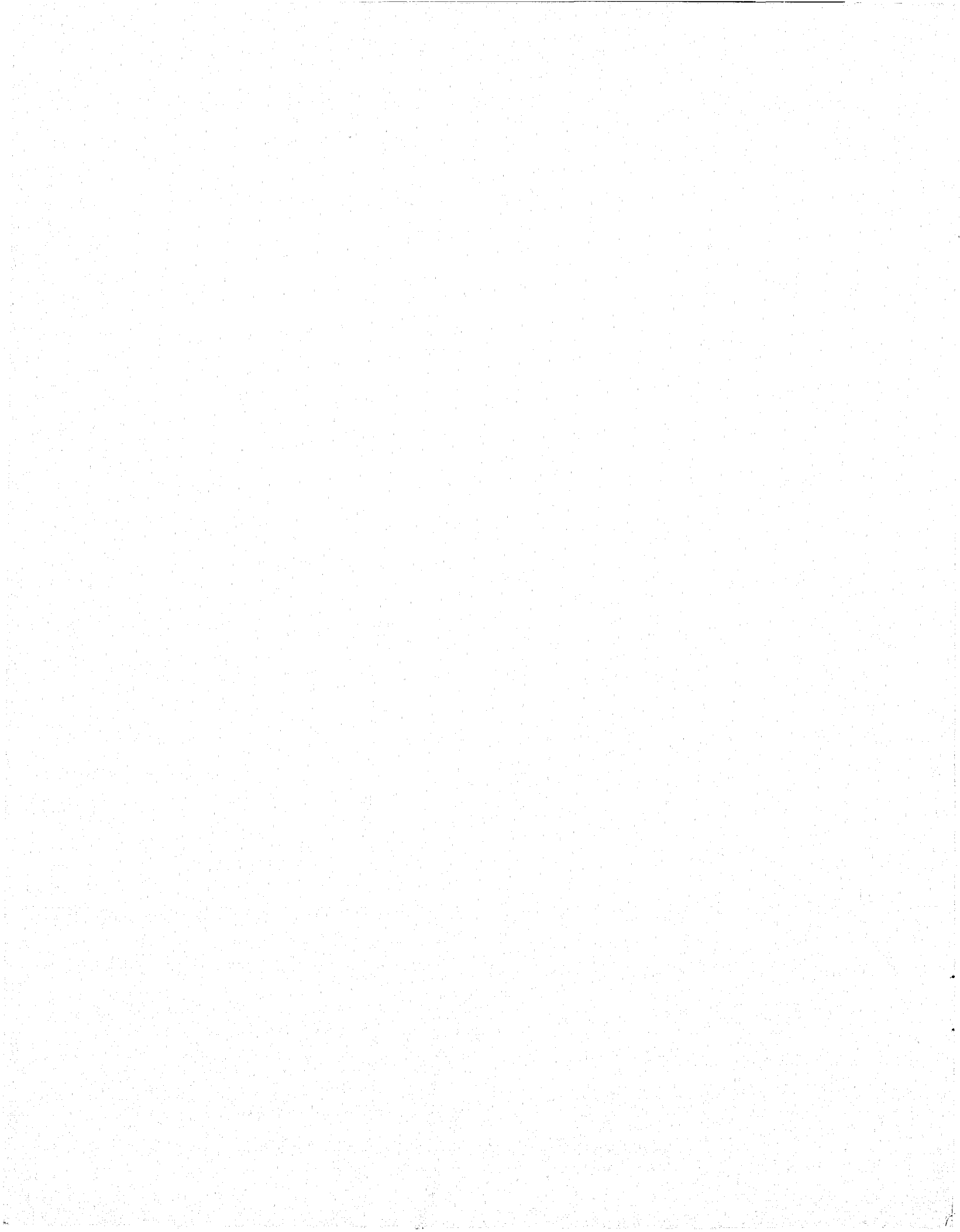
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Part I

This Practical Guide to the American Medical Association Standards for the Accreditation of Medical Care and Health Services in Jails was developed to assist the physician responsible for the jail's medical services and the jail administrator structure the medical delivery system to comply with the Standards.



Guide to Medical Standard Operating Procedures

Medical care rendered at an institution requires formalization in the form of written standard operating procedures (SOPs).

SOPs are statements regarding and describing the structure (people, equipment and supplies) and processes (how the structure works) of medical care delivery made available to the inmates. These statements will, by necessity, describe—but not be limited to—the following:

- 1 Medical authority and responsibility.
- 2 The patient flow starting at the point of request for care to final disposition.
- 3 Identified referral sources (clinicians and/or institutions in the community).
- 4 Identified clinicians by title within the jail (i.e.: staff physician, infirmary nurse, etc.).
- 5 Orders regarding jailer roles in the delivery of health care.

The following pages are examples currently being used in a medium sized jail; they cover:

- Administrative structure
- Health appraisal data collection
- Non-emergency medical care
- Emergency medical care
- Chronic and convalescent care
- Medical preventative maintenance

All medical SOPs must be approved by the responsible physician.

We wish to thank the personnel of the Medical Association of Georgia for their assistance in preparation of this guide.

County Jail X

Medical Standard Operating Procedures for Health Care Delivery

Administrative Structure

A physician who is licensed in the State of _____ assumes responsibility for medical services in the jail. This authority is supported by a written agreement between the _____ County Board of Commissioners, the Sheriff and the physician who is hereafter referred to as the Medical Director.

The following procedures and guidelines which constitute basic agreements between the jail and the Medical Director on the provision of medical services in the jail assure the provision of quality medical services and access to these services for all inmates who need them.

The tier deputies are trained in and use emergency care procedures. All personnel have current training in Basic First Aid (American Red Cross). The jail has on duty at all times at least one person who is trained in receiving screening, basic life support cardiopulmonary resuscitation, recognition of symptoms of illnesses and who can carry out the Medical Director's orders and arrange for prompt disposition.

The Medical Director will submit an annual statistical review of medical services to the Sheriff which indicates the number of inmates receiving medical services by category of care.

The Medical Director will review at least once a quarter:

1. The effectiveness of the medical care system processing;
2. Description of any health environmental factors which are substandard;
3. Changes implemented since the last reporting period; and
4. Recommended changes.

The jail is currently inspected monthly for health and environmental conditions by the State Department of Human Resources, Institutional Health Unit. The monthly evaluation reports of this authority constitute one source of basic information for the Medical Director's review.

Health Appraisal Data Collection

Health appraisal data includes information needed to determine the health status of an inmate including receiving screening information, medical history, laboratory tests, vital signs and results of a physical examination.

Collection of health data and physical examination may be viewed as the completion of the health appraisal. This gives the assurance to the jailer that the health status of the inmate is known and recorded. Information regarding the inmate's physical and mental status may require, dictate, and/or be helpful to the jailer in determining the inmate's permanent cell assignment and activity. It also assures the inmate that his health status is recorded and known by the appropriate authorities.

The health appraisal data collection is completed for each inmate within fourteen days after admission to the jail.

Health History

The inmate's health history is a self-administered form. It is to be given to the inmate by the shift commander to complete immediately prior to the scheduled physical examination. If the inmate cannot read or write, or does not understand the questions, the shift commander may administer the form and make the appropriate notations.

After the physician's review of the health history, this form then becomes a part of the inmate's health record and a summary or copy of this form should accompany the inmate at the time of transfer to another institution.

Physical Examination

The physical examination will be scheduled on a regularly weekly visit of the responsible physician to the jail, after the inmate has been admitted for one week but on or before the fourteenth day.

As part of the physical examination the responsible physician will review the completed receiving screening and health history records, take blood pressure, test for TB and VD, perform the standardized physical examination, perform other tests and examinations as

appropriate including referral for tests or examinations when indicated.

The review of all physical examination and test results and the identification of problems is recorded and becomes a part of the inmate's medical record.

Non-Emergency Medical Care S-O-P

Non-emergency medical care is medical service rendered to a patient whose illness or injury is of a severe, short-term nature which, if left untreated, could develop into an emergency or chronic condition. Responses to inmate requests for medical services are controlled by medically trained personnel.

Access to Non-Emergency Medical Care

At the time of admission to the jail, inmates are informed both verbally and in writing of the procedures for gaining access to medical care.

Inmate requests for medical care will be documented on the Request Slip. These slips are readily available from the deputies upon request and will be collected daily at mealtimes by the tier deputy. The deputy will forward these slips immediately to the Shift Commander. (See Request Slip for medical care attached)

Criteria For Referral

All requests for medical care will be relayed daily to the responsible physician via telephone by the Jail's shift commander, who will then follow the responsible physician's instructions to refer the inmate as follows:

1. To the doctor's office for treatment
2. To the ____X____ Hospital Emergency Room for immediate treatment
3. To the regularly scheduled sick call visit by the responsible physician
4. Any other instruction by the responsible physician

Phone numbers of regularly used referral agencies are posted in a prominent place.

Sick Call

The responsible physician shall provide medical care at the jail 3 times per week.

Each Monday, Thursday and Saturday morning before 7 a.m. each inmate who is scheduled will be prepared to see a doctor. The responsible physician will come to the jail at that time, or at least call to see if anyone wishes to see him.

The medical file of each individual requesting care shall be given to the responsible physician, who will note the problem and the action taken on the appropriate form.

_____ **County Jail**
Request Slip for Medical Care

Date _____ Time _____

Name _____

Cell _____

Complaint _____

For how long _____

TO BE FILLED OUT BY SHIFT COMMANDER:

Disposition and Instructions:

Date _____ Time _____ Initials _____

Emergency Medical Care S-O-P

Emergency care is medical service rendered to a patient for a condition that is imminently life-threatening. Emergency care must be provided with efficiency and speed. It is probable that initial care will begin in the jail by non-medical correctional personnel. Therefore the jail staff is aware of what they should do in the event of life-threatening conditions and their actions are guided by a written plan which is posted in a prominent place. (See Medical Emergency Care Plan attached)

Emergency Definition

For these purposes the following occurrences define an emergency. Their presence will initiate the emergency care plan.

- Severe bleeding;
- Unconsciousness;
- Serious breathing difficulties;
- Head injury;
- Severe pain;
- Suicide attempt;
- Sudden onset of bizarre behavior;

- Severe burns;
- Any other health/life-threatening condition.

Tier Deputy

The deputy is aware of the health of the inmates. At the time an emergency occurs the deputy will follow the posted guidelines. The deputy is instructed in first aid and cardiopulmonary resuscitation (CPR) and shall provide first aid as guided in the American Red Cross Basic First-Aid Manual.

Emergency Procedure

1. Call responsible physician (or on-call physician).
2. Follow physician's instructions to transport:
 - a. To Emergency Room of _____ X _____ Hospital.
 - b. To Doctor's office.
 - c. To other hospital as directed by physician (or on-call physician).

Next of Kin

The inmate's next of kin will be notified of the emergency situation within twelve hours. The jail's shift commander is responsible for the notification.

Medical Emergency Care Plan

1. BE AWARE THAT AN EMERGENCY CAN OCCUR AT ANY TIME.
2. BE READY TO OBSERVE OR BE NOTIFIED OF THE EMERGENCY.
3. FIRST AID MUST BE GIVEN IMMEDIATELY.
4. TELEPHONE THE RESPONSIBLE PHYSICIAN (OR ON-CALL PHYSICIAN) FOR INSTRUCTIONS.
5. CALL FOR ASSISTANCE FROM OTHER DEPUTIES.

Responsible Physician

DR. X
427-1321
 Y COUNTY HOSPITAL EMERGENCY ROOM
427-1100

AMBULANCE
 Z Ambulance Service
427-5200

(this is to remain posted)

Chronic and Convalescent Care S-O-P

Chronic care is medical service rendered to a patient over a long period of time. When an inmate's medical condition is diagnosed as a chronic condition, his/her care will be managed by the responsible physician through the establishment of an individual treatment plan which may include special orders to the jail staff. The staff, in turn, is responsible for carrying out these orders.

Convalescent care is medical service rendered to a patient to assist in the recovery from illness or injury. When an inmate's medical or dental condition is diagnosed as a convalescent condition, his/her care will be managed by the responsible physician through the establishment of an individual treatment plan which may include special orders to the jail staff. The staff, in turn, is responsible for carrying out these orders.

Medical Preventive Maintenance S-O-P

Medical preventive maintenance is health education and medical service provided to take advance measures against the onset of illness, e.g., instruction in proper brushing of teeth, vaccinations, and self-care for chronic conditions. The results of the health appraisal data will be used by the responsible physician to determine the inmate's needs for health education. The inmate will then receive this from the responsible physician or delegated representative.

General health education will occur through the periodic distribution of pamphlets and brochures, as available, by the jail staff. The pamphlets and brochures themselves will be approved by the responsible physician prior to their distribution.

Guide to Receiving Screening

Receiving screening is a system of structured observation designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the jail's general population and to rapidly get them to medical care. The assessment of health needs and the general condition of the inmate at this crucial point may prevent further complications such as communicable disease epidemics, rapid states of health regression, suicides and assaults. The welfare of the inmate, other inmates, the correction staff and the community can be protected.

The receiving screening can be performed by allied health personnel or by a trained booking officer at the time of booking.

The attached is a very broad list of problems the physician responsible for the jail may wish to use as a *guide* when she/he develops the jail's receiving screening format. The physician will naturally want to address problems endemic to the jail population.

We wish to thank the personnel of the Michigan State Medical Society for their assistance.

Receiving Screening Form

DATE _____

NAME _____ SEX _____ D.O.B. _____ TIME _____

INMATE NO. _____ OFFICER OR PHYSICIAN _____

Booking Officer's Visual Opinion

- | | | |
|---|-----|----|
| 1. Is the inmate conscious? | YES | NO |
| 2. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? | YES | NO |
| 3. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? | YES | NO |
| 4. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? | YES | NO |
| 5. Is the skin in good condition and free of vermin? | YES | NO |
| 6. Does the inmate appear to be under the influence of alcohol? | YES | NO |
| 7. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? | YES | NO |
| 8. Are there any visible signs of Alcohol/Drug withdrawal symptoms? | YES | NO |
| 9. Does the inmate's behavior suggest the risk of suicide? | YES | NO |
| 10. Does the inmate's behavior suggest the risk of assault to staff or other inmates? | YES | NO |
| 11. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? | YES | NO |

Officer-Inmate Questionnaire

- | | | |
|---|-----|----|
| 12. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. | YES | NO |
| 13. Do you have a special diet prescribed by a physician?
Type _____ | YES | NO |
| 14. Do you have history of venereal disease or abnormal discharge? | YES | NO |
| 15. Have you <i>recently</i> been hospitalized or recently seen a medical or psychiatric doctor for any illness? | YES | NO |
| 16. Are you allergic to any medication? | YES | NO |
| 17. Have you fainted recently or had a recent head injury? | YES | NO |
| 18. Do you have epilepsy? | YES | NO |
| 19. Do you have a history of tuberculosis? | YES | NO |
| 20. Do you have diabetes? | YES | NO |
| 21. Do you have hepatitis? | YES | NO |
| 22. If female, are you pregnant? | YES | NO |
| 23. Are you currently on birth control pills? | YES | NO |
| 24. Have you recently delivered? | YES | NO |
| 25. Do you have a painful dental condition? | YES | NO |
| 26. Do you have any other medical problem we should know about? | YES | NO |

REMARKS:

1. _____
2. _____
3. _____
4. _____

(A copy of this form is included in the inmate's medical record)

Guide to SOPs for the Administration of Medications and Log Sheet

Attached are sample guidelines for the administration of medications by correctional officers, which we hope will serve to assist the physician responsible for the jail's medical care delivery system in the development of written procedures.

We wish to thank the personnel of the Medical Association of Georgia and the Michigan State Medical Society for their assistance in the development of this sample guideline.

Administration of Medications S-O-P

Designated deputies shall be appointed to administer medications only after receiving approval from the responsible physician. These deputies are accountable and responsible for handling and administering the medications.

Each inmate receiving medications will be properly identified by the designated deputies administering the medication before doing so.

The jail staff shall not at any time transfer the inmate's medication from the prescription container or commercial over-the-counter container to any other container, unless specifically ordered to do so by the responsible physician.

Medication shall be taken in the presence of the designated deputy administering it. If taken by mouth, the designated deputy is to observe swallowing, check mouth, have inmate talk immediately after swallowing, and watch for several minutes to assure ingestion of medication.

Any inmate who refuses medication will sign a statement to that effect, which will be filed in the medical record. The inmate will be placed on the list to see the responsible physician during sick call.

Prescription medications: The instructions printed on the medication container shall direct the deputy on the amount and timing of each dose of medication. The medications administration log shall be completed and used by the deputy each and every time a prescribed medication is administered. At the end of the period during which the inmate receives medications, the log will be forwarded to the inmate's medical record. The log and manner of recording is approved by the responsible physician.

Oral Contraceptives: When a person enters jail with oral contraceptives, check to verify, then give to inmate to keep in cell for self-administration. Make out medication Log Sheet.

Insulin: For diabetics:

- a. Store insulin in refrigerator.
- b. Make out separate card for insulin (with proper information) and syringe.
- c. Give inmate necessary supplies for self-administration:
 1. vial of insulin
 2. sterile syringe

3. alcohol sponge
- d. If inmate is unable to draw own insulin or administer, qualified medical personnel of jail should be contacted to carry out procedure.
- e. Syringe to be returned immediately after use—request inmate to break or bend needle.
- f. Dispose of syringe in special manner per instructions in medical room.
- g. Diabetics generally require in-between meal feedings. This *must* be treated as part of their medical treatment. A doctor's orders to the jailer sheet will indicate specific instructions.
- h. Know symptoms and treatment for insulin reaction as described in red *Medical Information* note book for Security Officers.

Rectal Suppositories: Instruct inmate to insert by self.

Vaginal Medications i.e. suppositories or cream:

- a. If cream, leave complete medical supplies in cell with inmate.
- b. If suppository, leave applicator in cell with inmate and store medication in appropriate place.

For other special medications/procedures, the deputy will follow instructions from the responsible physician.

Any inmate on medication who is going out on work release, or such, should be given proper amount of medication to take during time gone.

Non-prescription medications: Shall be administered to the inmates for the following symptoms and times specified.

- Simple headache: 2 aspirin or () every four hours, NOT TO EXCEED 8 PER A 24 HOUR PERIOD.
- Simple cough: 2 teaspoons () every four hours, NOT TO EXCEED 6 DOSES PER A 24 HOUR PERIOD.
- Athlete's foot: () powder as needed.
- Superficial cuts: 1 bandage (band-aid) every 12 hours, NOT TO EXCEED A 36 HOUR PERIOD.

If symptoms persist after these designated periods the responsible physician will be called. (See medication log sheet attached)

Documentation of the administration of non-prescription medications will be completed in the same manner as for prescription medications (see above).

Guide to Contractual Agreements Between The Responsible Physician and the Jail

This guide describes contractual agreements between medical directors and jails and contains a sample contract drawn up by the Office of the General Counsel, American Medical Association.

As noted, the attached contract is a SAMPLE ONLY. The jail administrator and the responsible physician are advised to consult their own lawyers in drafting a contract to meet their individual, specific needs. All names,

dates, figures and amounts which are underlined in this contract are fictional; they should not be construed as recommendations.

We wish to thank William P. Isele, Staff Attorney, Health Law Department, Office of the General Counsel, American Medical Association for his assistance in the preparation of this guide.

Contractual Agreements Between Medical Directors and Jails

The *Standards for the Accreditation of Medical Care and Health Services in Jails* state: "A physician . . . is responsible for the facility's medical services pursuant to a written agreement. . ." For purposes of this discussion and the appended model contract, "the (responsible) physician" shall be referred to as Medical Director.

The written agreement referred to in the above Standard should clearly describe the Medical Director's role in the facility. It is strongly recommended that the Medical Director maintain the delicate balance of harmonious relationships with correctional authorities, the other physicians and allied personnel in the jail, his local medical society, his specialty group and governmental agencies. This can best be accomplished through a clear understanding between jail authorities and himself at the time he assumes the role of Medical Director. No understanding can be assumed to be clear unless it is reduced to writing in reasonable detail and in terms understandable to all concerned. Even then, tensions inherent in the operation of a correctional facility and in providing medical care can lead to disputes. This is true despite the best of intentions, professional competence, and an earnest desire to observe medical protocol and ethical and legal requirements.

A Medical Director who is about to enter into a contract with a jail should assume at the outset that the contract he is asked to sign was prepared by the facility's attorney (in most cases the city or county attorney). Further, it should be assumed that the attorney drawing the agreement included every protection he could think of for his client. This is the lawyer's professional obligation as an advocate. Accordingly, it is simply good business judgment, not necessarily distrust, for the Medical Director to employ his own legal representative. His attorney can negotiate legal and sensitive matters about which the Medical Director may not be knowledgeable or in which a spokesman can speak more freely than his principal.

The following is a list of some of the typical subjects which should be considered for inclusion in a contract between jail authorities and the Medical Director.

1. Term. The contractual period should be specified. The term should be long enough so that the Medical Director will not incur severe economic hardship if the contract is not renewed at the expiration date. On the

other hand, too long a term without the option of prior termination may prove to be undesirable.

2. Duties. The scope of his duties as a Medical Director should be spelled out in the contract. Many jail policies are dictated by outside agencies. The Medical Director's responsibilities in assisting the jail to meet these requirements should be described.

3. Compensation. It is expected that the Medical Director will have administrative as well as clinical duties in the jail. The agreement may provide for a single salary to cover both. In the alternative, the agreement may provide for a salary for his duties as Medical Director, but compensate him for patient care on a fee-for-service basis. If the latter alternative is used, the jail authorities have a valid interest in assuring that the fees charged are fair or reasonable. To avoid disputes as to the reasonableness of fees charged by the Medical Director, some mechanism should be provided in the contract to adjust any disagreement that may arise.

4. Insurance. For his own protection, the Medical Director will want to carry adequate professional liability and other insurance. The jail may attempt to require that the Medical Director obtain such insurance because of the possibility that his lack of proper coverage may increase the jail's exposure to liability. The insurance carrier for the jail may be able to include the Medical Director in its policy with the jail at a premium substantially less than he can obtain from other sources. The Medical Director and the jail should discuss the terms of their contract with their respective insurance carriers to assure adequate insurance coverage for both.

Jails and their employees are not necessarily protected from liability by the doctrine of Governmental Immunity. The current status of this doctrine varies widely from state to state. In some states (e.g. Arizona) governmental immunity has been altogether abrogated, either in the courts or the legislatures. Some states have set dollar limits on recoveries. Some waive immunity for certain specified actions. Governmental immunity is by no means a uniform doctrine, and it is not recommended that the Medical Director rely upon it without thoroughly discussing the matter with his attorney.

5. Equipment. With respect to equipment which is to be provided by the jail, the contract should cover the replacement of obsolete equipment, the purchase of new equipment, and who is responsible for upkeep and

repair. The equipment to be provided could be listed in the contract, if desired.

6. Employees. The Medical Director may wish to employ his own office or medical assistant rather than rely upon employees or inmates of the jail. This can help to avoid the problem of dual allegiance to the jail and the Medical Director on the part of such employees. However, the jail may object because such an arrangement might result in a disparity in wage scales and difficulties with other personnel. In such a case, the contract should specify that the jail will provide sufficient employees to meet the needs of the Medical Director.

7. Non-Prisoner Services. If the Medical Director is willing to provide medical services to employees and/or officials of the jail, the contract should specify with clarity when and under what circumstances these services will be available. If services are rendered gratis or at a reduced charge, the circumstances should be specified.

8. If the jail already has a consulting staff of physicians, the Medical Director should not enter into serious negotiations with the jail without prior assurance of acceptance by these physicians. For the Medical Director's benefit and information, a conference with the physician he is intended to succeed should precede serious negotiations. Such a conference is also a matter of courtesy. The Medical Director should also examine rules and standards applicable to medical care in that institution to further verify his role.

9. In-Service Education. The contract should provide that the Medical Director will provide medical input into any programs of the jail's in-service training of allied health personnel.

10. Teaching. If the jail's medical facilities are part of a teaching program and the Medical Director is to be involved in this program, his role should be described. Additional compensation for these duties may be in order. The Medical Director may be responsible for the medical content of any course offered by the jail. Therefore, any agreement between the jail and a medical school or college should be specific regarding the Medical Director's duties.

11. Arbitration. Regardless of the mutual care that may be taken in the drafting of the contract, disputes sometimes occur which result in resort to the courts. Such litigation can be highly injurious to jail-physician relations. Therefore consideration should be given for the settlement of disputes through arbitration.

Other Contractual Considerations

The Medical Director should discuss with his attorney the advisability of entering into an employer-employee contract with the jail or contract with the facility as an independent contractor. A discussion of some considerations relevant to this decision follows:

If the written agreement between the jail and the Medical Director establishes an employer-employee relationship, the jail may be held liable for his negligence under the doctrine of *respondeat superior*. This term stated simply means that the negligent conduct of an employee, during the course and within the scope of his employment, is imputed to the employer. Thus, both the jail and the Medical Director may be held liable for the negligent conduct of the Medical Director. Even though the Medical Director is an employee he is not relieved from the primary responsibility for his acts of negligence.

If, however, the Medical Director is retained by the jail as an "independent contractor," liability may not be imputed to the jail for the negligent acts of the Medical Director during the course of his performance under the terms of the contract. This is because the doctrine of *respondeat superior* does not apply to independent contractors. In general, an independent contractor can be distinguished from an employee because the independent contractor retains the right to control the manner in which he performs the work contracted. The right to control, that is the right to direct what shall be done and when and how it shall be done, is the key issue which the courts will examine in determining the true relationship that any Medical Director has with a jail. In examining relationships such as this one, the courts will most likely seek answers to the following questions:

- (1) Who establishes the work schedule?
 - (a) Jail officials
 - (b) Medical Director
- (2) What is the extent of supervision over the Medical Director by jail officials?
- (3) What kinds of duties is the Medical Director performing?
 - (a) Administrative
 - (b) Clinical (medical judgment required)
- (4) Where are the duties being performed?
- (5) Who owns and maintains the equipment being used?
- (6) What is the method of compensation?
 - (a) Salary
 - (b) Fee
- (7) Are workman's compensation benefits provided by the jail?

- (8) Are income and social security taxes withheld by the jail?
- (9) What is the custom in this and related fields?

Recent professional liability cases involving a medical facility's liability for alleged negligent acts of the hospital based physicians, such as radiologists, pathologists, and emergency room physicians, in which one of the primary issues was the legal relationship between the hospital and the physician, are as follows:

St. Paul Fire & Marine Insurance Company v. Aetna Casualty & Surety Company, 394 F. Supp. 1274 (D.C. Pa., Aug. 28, 1974), where the radiologist was held not to be an employee of the hospital;

Beech v. Tucson General Hospital, 500 P. 2d 1153 (Ariz., 1972), where the radiologist was held to be an employee of the hospital;

Calvaruso v. Our Lady of Peace Roman Catholic Church, 319 NYS2d 727 (N.Y., 1971), where the hospital was held liable for the negligent acts of a physician who was not independently retained by the patient; and

Vanaman v. Milford Memorial Hospital, Inc., 272 A.2d 718 (Del. Sup. Ct., 1970), where the liability of the hospital for the negligent acts of a staff physician working in the emergency room was for the jury to decide from all the facts relevant to their relationship.

Even if the Medical Director is not considered to be an employee but is an independent contractor with the jail, the jail still has a responsibility. It must exercise due care in the selection of the Medical Director just as hospitals are required by the courts to exercise due care in the selection of their staff members. Even though neither are considered to be employees of the medical facility, the medical facility may be held negligent in its own right if it fails to exercise due care in selecting physicians who are qualified to perform the functions required. Recent cases discussing this duty are as follows:

Purcell v. Zimbleman, 500 P.2d 335 (Ariz., 1972), where the hospital was held to be liable for its negligence in the selection of a staff physician;

Mitchell County Hospital Authority v. Joiner, 189 S.E.2d 412 (Ga., Sup. Ct., 1972) where the hospital was held to be liable for the negligent acts of a staff physician who it knew was incompetent; and

Fiorentino v. Wenger, 227 N.E.2d 296 (N.Y. C.A., 1967), where the court stated that the hospital would not be held responsible for the malpractice of an independently retained physician unless it knew or had reason to know that the act of malpractice would take place.

Medical Director-Jail Employment Contract

AGREEMENT Between Rowan County Jail and Myron Wisniewski, M.D.

A. The Rowan County Jail, hereinafter for convenience referred to as "JAIL" and Myron Wisniewski, M.D., a physician licensed to practice medicine in this state, hereinafter for convenience referred to as "MEDICAL DIRECTOR," enter into this AGREEMENT on this 29th day of February, 1977.

The JAIL hires the MEDICAL DIRECTOR for a term of 1 year(s) beginning on the first day of March, 1977, and ending on the 28th day of February, 1978, at an annual salary of ten thousand dollars (\$10,000.00) for this period, payable in 12 equal amounts, such payments to be made on the first day of each month during the term of this AGREEMENT. The term of this AGREEMENT shall be extended from year to year thereafter (except as otherwise provided herein) unless terminated by either party by written notice delivered to the other not less than 30 days prior to the termination date.

B. THE MEDICAL DIRECTOR AGREES TO:

1. Report to the warden of the Rowan County JAIL.

2. Assist the JAIL in meeting its duties to inmates as stated in the *Standards for the Accreditation of Medical Care and Health Services in Jails* of the American Medical Association. He shall also assist in meeting such duties imposed by Federal and State Laws and Regulations.

3. Assist the JAIL in developing and implementing policies that will assure high quality medical and nursing care. He will also prepare specific policies and procedures concerning the following:

- a) emergency treatment of inmates
- b) prescriptive medicines
- c) special diets

4. Approve and supervise all medical procedures conducted in the JAIL including:

- a) receiving screening procedures

- b) health appraisal data collection procedures
- c) referrals of seriously ill inmates
- d) provision of non-emergency medical services
- e) obtaining emergency medical and dental services
- f) chronic care
- g) convalescent care
- h) preventive maintenance
 - i) screening mentally ill or retarded inmates
 - j) referral of mentally ill or retarded inmates
 - k) detoxification
 - l) the formulary for all medications
- m) policy concerning medication administration
- n) method of recording entries in the medical record
- o) the work of qualified medical personnel
- p) dental care
- q) deciding the emergency nature of illness or injury
- r) provision of medical and dental prostheses
- s) notification of next of kin
- t) delousing procedures

5. Approve and supervise all medical research projects conducted in the JAIL.

6. Participate in the training program for JAIL staff. His responsibility includes training of all persons administering medications in the JAIL and training of appropriate jail personnel in the following procedures:

- a) basic first aid
- b) cardio-pulmonary resuscitation
- c) receiving screening
- d) recognition of symptoms of common illnesses

7. Develop and be responsible for all standing medical orders.

8. Approve all medical record forms.

9. Determine type of equipment and supplies necessary to equip the JAIL first aid kit(s), the number, location and procedure for periodic inspection.

10. Direct the special medical program in the JAIL, as defined in the *Standards for the Accreditation of Medical Care and Health Services in Jails*.

11. Supervise the general health environment of the JAIL and make recommendations to the warden when unsatisfactory conditions are observed.

12. Render medical care and attend at "sick call" for no less than *four* hours per day, *three* days per week.

C. THE JAIL AGREES TO:

1. Implement policies which assure high quality medical care.

2. Provide adequate equipment (replacing same when obsolete with equipment of similar character and utility), supplies, secretarial assistance and office space. Basic equipment shall include, but not be limited to: *thermometers, blood pressure cuffs, stethoscope, ophthalmoscope, otoscope, percussion hammer, examining table, scale, goose neck lamp, wash basin and transportation equipment, e.g., wheel chair and litter.* (If female inmates receive medical services in the JAIL, appropriate equipment should be available, i.e. specula, pap and special testing equipment.)

3. Provide appropriate, clean space for private medical examination of inmates.

4. Provide space for the confidential storage of medical records, separate from confinement records.

5. Provide the MEDICAL DIRECTOR with adequate professional liability insurance to cover all the professional activities and any care that he may provide, supervise or direct to inmates in case of emergency. (The contract must be developed in light of the State law and the insurance coverage available in the State where the contract is applicable. It is recommended that the MEDICAL DIRECTOR and the JAIL discuss the terms of this contract with their respective insurance carriers as a basis for developing adequate insurance coverage for both.)

6. Permit the MEDICAL DIRECTOR to take *four* weeks vacation per year and leave of absence to attend scientific courses and meetings. Expenses to attend such courses and meetings are reimbursed by the JAIL in an amount not to exceed *one thousand* dollars (\$1,000.00).

7. In addition to the usual employee benefits the MEDICAL DIRECTOR will be provided the following: *a reserved parking place; payment of dues for professional and organizational memberships; and medical licensure fees relevant to his duties as the MEDICAL DIRECTOR.*

8. (optional) Compensate MEDICAL DIRECTOR for medical services rendered as billed by him. Such compensation will be in addition to the salary agreed to in Section "A" of this AGREEMENT. All disputes with regard to fees shall be referred to arbitration as provided in Section "F" of this AGREEMENT.

D. IT IS FURTHER AGREED THAT:

1. No regulation of the JAIL shall involve the MEDICAL DIRECTOR in any aspect of the correctional or disciplinary process which is not related to genuine medical concerns, or which would unduly restrict or compromise the medical judgment of the MEDICAL DIRECTOR.

2. In situations requiring emergency care, custody procedures shall yield to the medical needs of the inmate as determined by the MEDICAL DIRECTOR. The process of moving the inmate to a facility appropriate to his health needs shall not be unreasonably slowed by clearance procedures.

3. Nothing in this AGREEMENT shall prevent the MEDICAL DIRECTOR from engaging in any medical practice apart from the JAIL.

4. This AGREEMENT shall terminate in the event the MEDICAL DIRECTOR shall die or become mentally or physically unable to perform the duties required. If there is a dispute over the MEDICAL DIRECTOR's mental or physical disability, it will be resolved under the arbitration clause of this AGREEMENT. This AGREEMENT shall terminate in the event that his license to practice medicine in the State of *Illinois* is revoked or suspended.

5. At the time of this AGREEMENT, the MEDICAL DIRECTOR and the JAIL acknowledge that the duties of the MEDICAL DIRECTOR will require approximately *eighteen* hours per week.

E. This AGREEMENT may be amended at any time by mutual agreement of the parties. Before any amendment is valid, it must first be reduced to writing and signed by the parties.

F. ARBITRATION

All disputes which arise with regard to the interpretation of this AGREEMENT shall be referred to arbitration by an arbitration panel of the State Medical Society. In accord with the policies of said panel, such disputes shall be referred to a single arbitrator, if the parties are able to agree upon a single arbitrator; otherwise to a panel of three arbitrators, to be composed of one person appointed by each party to the controversy, and the third selected by the appointees of the parties. Each party shall appoint the party's own member of the panel within three days after the dispute arises and the appointees shall select a third member within three days after the day of their appointment. The decision of a single arbitrator or of any two members of the panel shall bind the parties to the controversy with the same force and effect as the decrees of a court having competent jurisdiction.

All disputes concerning the MEDICAL DIRECTOR's mental or physical competence shall be resolved by a three member panel to be appointed in the same manner as set forth in the preceding paragraph.

G. This AGREEMENT and its performance shall be construed in accordance with and governed by the laws of the State of *Illinois*.

IN WITNESS WHEREOF, the JAIL has caused this AGREEMENT to be executed through itself and the MEDICAL DIRECTOR, on the *29th* day of *February*, 1977.

SIGNED: _____, M.D.

Myron Wisniewski
8 Medical Plaza
Rowan, Illinois 60000

Rowan County Jail
10 Confinement Street
Rowan, Illinois 60000

BY: _____

Gordon Warden
Administrator

Guide to Job Descriptions

The most effective use of allied health personnel in a jail health system is best achieved through the use of written guidelines, approved by the physician responsible for that jail's medical care delivery system.

Among these guidelines should be included job descriptions which serve to structure the processes of health delivery and to help formalize physician supervision of these allied health personnel.

The attached samples will serve to guide the physician and allied health personnel in the development of job descriptions specific to the jail's health system. They cover physician's assistants, registered nurses and a paramedic.

We wish to thank the personnel of the Medical & Surgical Faculty of Maryland for their assistance in the development of these sample job descriptions.

SAMPLE

Job Description -Physician's Assistant (P.A.)

Under the direction of the responsible physician, it is the duty of the Physician's Assistant to screen the medical complaints of all inmates by physical examination and to present to the Physician in Charge those inmates who require further diagnostic or therapeutic procedures. The P.A. will follow all orders both standing and direct of the Physician and, in doing so, will provide the best health care delivery possible for the inmate. She/he will perform a variety of duties such as starting I.V.'s, suturing, minor surgery, giving injections and administering medications. She/he will draw blood samples, perform simple laboratory tests and also evaluate the findings.

The P.A. is certified by the State of _____ and is required to have a background in medical administration as she/he is required to be responsible for maintaining files, health records and making appointments. In all matters that revolve in or around medicine, the P.A. is responsible to the Physician. In all matters involving security she/he is responsible to the Sheriff or subordinates in the chain of command. The P.A. is, in essence, the hands, ears, and eyes of the Physician and, therefore, will conduct himself/herself as a diplomat of the Physician and present himself/herself to others in a mature and professional manner.

SAMPLE

Job Description of a 7 am-3 pm Nurse

1. Supervise and assist doctor with Sick Call.
2. Keep accurate record of all Sick Call refusals
3. Be responsible for supervising the administration of 12 noon medications, prn medications and recording.
4. See Inmates on request.
5. Interview and screen all new Inmates.

6. Transfer all new orders from the medical record to the deputy order sheet.
7. Coordinate appointments with consulting physicians.
8. Coordinate blood work, urinalysis and cultures with lab.
9. Carry out treatments as ordered by physician.
10. Be responsible for the release of Inmate's records.
11. Order supplies and medicines from pharmacy prn.
12. Coordinate all blood work.
13. Be responsible for the emergency treatment of all Inmates.
14. Be responsible for coordinating emergencies and admissions to hospitals and control.
15. Coordinate all medical problems with Physician, Shift Commander and Corridor Officers.
16. Be responsible for keeping the Inmate Alert Roster current.
17. Keep accurate statistical record of all Inmates seen and medication dispensed.
18. Coordinate all medical problems with Lt.
19. Keep an accurate record of transports.
20. Confirm medical histories of Inmates with personal physicians, hospitals and Narcotic Treatment Centers.
21. Cancel all appointments and lab work that is scheduled on releasees.
22. Be responsible for maintaining medical record files on all Inmates.
23. Be responsible for maintaining and controlling medication.
24. Be responsible for scheduling monthly checkups on all Inmates.
25. Be responsible for coordinating all special diets with kitchen.
26. Be responsible for weekly total of Input and Output of the medical program.
27. Be responsible for maintaining and inventorying the sterile instruments.
28. Be responsible for the filing of records and reports.
29. Be responsible for the setup of 4:00 p.m. medications.
30. Be responsible for controlling the prn medications at Control on weekends.
31. Transfer Inmates' charts, Kardex cards and medicine cards prn.

SAMPLE

Job Description of a 3 pm—11 pm Nurse

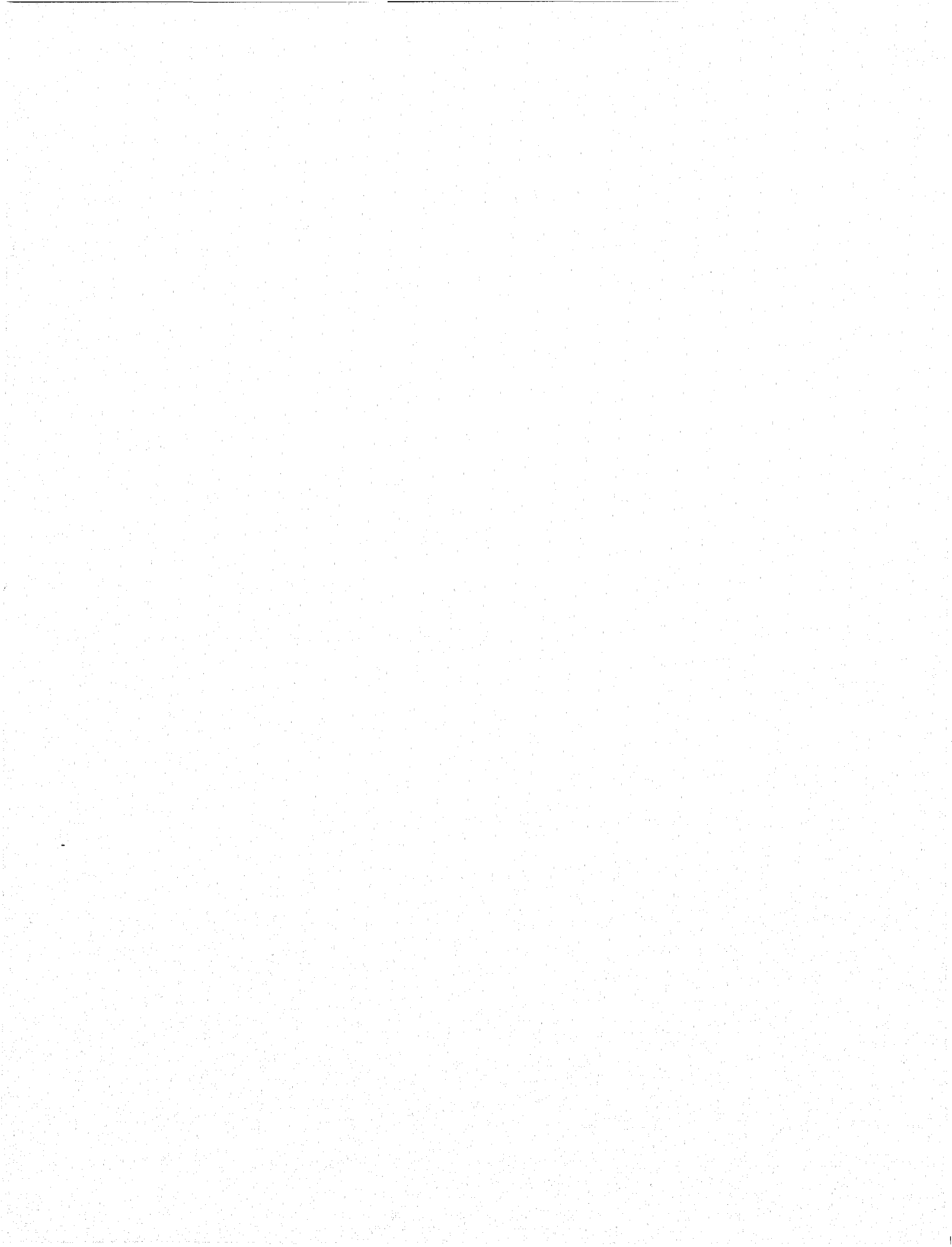
1. Supervise and assist doctor with physical exams.
2. Keep accurate record of all physical exams.
3. Be responsible for administering 4:00 p.m. medications.
4. Be responsible for administering all prn medications and recording.
5. See Inmates upon request.
6. Transfer all orders from the medical records to the deputy order sheet.
7. Carry out treatments as ordered by physician.
8. Be responsible for the release of Inmate's records.
9. Be responsible for ordering all emergency medications and supplies from pharmacy.
10. Be responsible for coordinating all emergency consults and lab work with Control and Shift Commander.
11. Interview and screen all new Inmates.
12. Be responsible for the emergency treatment of all Inmates.
13. Be responsible for coordinating emergencies and admissions to the hospitals.
14. Coordinate all medical problems with Shift Commander and Control Officers.
15. Be responsible for keeping the Inmate Alert Roster current.
16. Keep accurate statistical record of all Inmates seen and medication dispensed.
17. Keep an accurate record of transports and lab work.
18. Orient and supervise paramedics.
19. Confirm medical histories of Inmates with personal physicians, hospitals and Narcotic Treatment Centers.
20. Be responsible for maintaining medical record files on all inmates.
21. Be responsible for maintaining and controlling medication.
22. Be responsible for coordinating all special diets with kitchen.
23. Be responsible for a bimonthly report to doctors on the number of Inmates and medication, tranquilizers and sedatives.

24. Be responsible for filing of medical reports and records.
25. Prepare 6:00 am medications on weekends to be administered the following morning.
26. Be responsible for coordinating the prn medications on weekends with Control.
27. Transfer Inmate's charts, Kardex cards, and medication cards prn.

SAMPLE

Job Description of an 11 pm to 7 am Paramedic

1. Be responsible for Interviewing and screening of all new Inmates.
2. Be responsible for emergency treatment of all Inmates.
3. Be responsible for coordinating emergency treatment with physicians, hospital and Control.
4. Administer 6:00 am medication.
5. Be responsible for maintaining and controlling medication.
6. Be responsible for cleaning and dusting of the medical room.
7. Be responsible for the filing of medical reports and consults as directed.
8. Transfer Inmates' charts and Kardex cards and medication cards prn.
9. Pull and date records for Sick Call.
10. List all Inmates for Sick Call and give to each Corridor Officer.
11. Be responsible for collecting all urine, sputum and stool specimens.
12. See all Inmates on request.
13. Be responsible for maintaining a current record on all admissions by checking all discrepancies with the Statistical Report.
14. Be responsible for maintaining a current list of all Inmates who need monthly checkups.
15. Be responsible for ordering stock medications and supplies and maintaining the Inventory of all medications and supplies each month.
16. Be responsible for maintaining an Inmate Alert Roster.



Guide to Standing Orders

Standing Orders are written physician orders to qualified medical personnel for the definitive treatment of identified, relatively minor, conditions and for on-site treatment of emergency conditions.

It is suggested that all Standing Orders be reviewed with personnel changes, to perhaps better reflect the capabilities of the personnel involved at any point in time.

The attached samples will serve to assist the physician responsible for the jail's medical delivery system and

his/her qualified medical personnel to develop Standing Orders specific to medical needs.

We wish to thank the personnel of the Michigan State Medical Society and the University of Miami School of Medicine, Jackson Memorial Hospital, Florida, for their assistance in the compilation of the attached information.

SAMPLE

Medical Illnesses Common in Jails

The following is a listing of medical illnesses that are common within the jail environment. Each can be treated under standing orders from the jail physician by either the jail nurse or physician's assistant:

- A. Venereal Disease
 - 1. Gonorrhea
 - 2. Syphilis
 - 3. Herpes Progenitalis
 - 4. Venereal warts
- B. Respiratory Diseases
 - 1. Tonsillitis
 - 2. Bronchitis
 - 3. Mild Bronchopneumonia
 - 4. Otitis externa & media
 - 5. Toothache
 - 6. Allergic rhinitis
 - 7. Asthma
 - 8. Common URI
- C. Gastrointestinal
 - 1. Gastritis
 - 2. Duodenal ulcer
 - 3. Viral gastroenteritis
 - 4. Constipation
 - 5. Diarrhea
- D. Genitourinary
 - 1. Acute cystitis
 - 2. Vaginitis type specific
- E. Skin
 - 1. Impetigo
 - 2. Acne
 - 3. Pityriasis rosea
 - 4. Hives
 - 5. Seborrhea
 - 6. Scabies
 - 7. Head or body lice
 - 8. Callus
 - 9. Tinea corpora or tinea cura
 - 10. Moniliasis
 - 11. Minor burns

SAMPLES

From the List of Standing Orders

1. If patient develops sub-sternal, crushing, heavy weight like chest pain, often accompanied by shortness of breath, sweating, weakness, and often by radiation of the pain to the left arm, shoulder, neck, back of jaw, then an acute heart attack must be suspected and the patient taken immediately to the emergency room of the local hospital.

If condition is serious, start IV while waiting for ambulance and run at 100 cc/hr rate. This will allow medications to be given easily, if needed.

2. Sudden onset of severe, stabbing chest pain (pain with each breath or cough) plus tachycardia and hemoptysis may signal a pulmonary embolus. This must be examined in the hospital emergency room.
3. Any occurrence of coma, paralysis, sudden mental confusion with a severe sudden headache must be taken to the hospital emergency room for evaluation.
4. A DIP-STIX urinalysis should be done on anyone complaining of urinary frequency or burning on urination. Any abnormal results should be followed with a complete urinalysis and reported to a physician. Clean-catch, mid-stream urine samples should be used. More than 5 WBC/hpf usually indicates infection. On an unconcentrated specimen one (1) or more WBC/hpf usually indicates infection.
5. Nurse may administer TB skin test to any patient and read in 48 hours, unless patient refuses to have the test or he or she has had a previous positive reaction to a previously administered TB skin test. A positive reaction should *never* have another skin test and a chest x-ray should be obtained if TB screening is needed.
6. TREATMENT OF ALLERGIC REACTIONS:
 - A. Mild Puritis: Chlorotrimeton 4 mg or Benadryl 50 mg TID p.o.
 - B. Puritis plus Hives: Chlorotrimeton 4 mg or Benadryl 50 mg
 - C. Generalized Hives plus swelling of tongue and/or beginning respiratory wheezing:
 1. Adrenalin o. 3 cc Sub-Q Stat. May repeat 0.3 cc Sub-Q every 5 minutes for 3 doses if wheezing persists. If patient still wheezing after third dose, or if appears ill, take to emergency room.

JACKSON MEMORIAL HOSPITAL

Code: 300

Prison Medical Services Policy and Procedure Manual

**Section: 300
Standing Orders**

Subject: Purpose

Purpose

To serve as basis for on-site emergency treatment, and definitive on-site treatment of minor self-limiting conditions.

Implementation:

- a) Each nurse will become familiar with the scope and limitations of these standing orders and will dispense only those drugs and treatments covered herein.
- b) In the event of occurrence of problems not covered by these orders, the sick call physician or the Medical Director shall be consulted for specific instructions regarding management.
- c) When appropriate, additional standing orders will be formulated by the Medical Director in consultation with the Head Nurse of each service unit.

JACKSON MEMORIAL HOSPITAL

Code: 303

Prison Medical Services Policy and Procedure Manual

**Section: 300
Standing Orders**

**Abrasions & Lacerations
Not Requiring Sutures**

- 1) Cleanse with Betadine Solution.
- 2) Butterfly or steri-strip small laceration if necessary.
- 3) Bandage loosely with Bacitracin ointment or plain sterile dressing depending upon laceration and extent of cut or abraded area.
- 4) Take history of tetanus immunization. If patient has not received tetanus toxoid in the last five years then give him tetanus toxoid 0.5 cc IM. If history of *previous* tetanus immunization *not* present; repeat twice at thirty day intervals.
- 5) If no history of tetanus immunization—refer to Ward D for evaluation for tetanus anti-toxin administration.

Guide to First Aid and Emergency Supplies

Attached are equipment and medication supply lists which will serve to guide the physician responsible for the jail's medical delivery system in the selection process.

We wish to thank the personnel of the Michigan State Medical Society for their assistance.

Suggested First Aid Equipment

1. Adhesive tape rolls
2. 2 x 3" sterile dressings
3. 8 x 7½" surgipads, sterile
4. Box of cling or gauze bandages
5. Sling
6. Sanitized receptacle for ice
7. Blanket
8. Resuscitation aid
9. Antiseptic liquid
10. Local dental anesthetics
11. Gauze for dental hemorrhages
12. Elastic bandage

Suggested Emergency Medication Supplies in Locked Emergency Box

1. Adrenalin, 1: 1000 and water
2. Aminophyllin, 500 mg, ampules
3. Lanoxin, 0.5 mg, ampules
4. Dilantin, 100 mg per ampule or multiple dose vial
5. Tigan, 200 mg, ampules
6. Solu-Medrol or Cortef
7. 50 cc ampules of 50% dextrose—disposable built in syringe unit
8. Vial of sterile water, vial of sterile saline
9. 3 cc syringes and needles, 10 cc syringes and needles
10. Intra-cardiac needle
11. Tourniquet
12. Alcohol sponges
13. Oral adult size airways
14. Stethoscope
15. Blood Pressure Cuff
16. 1% Xylocaine
17. Adhesive tape bandages, band aids and sterile dressings
18. Elastic bandage, 3 inch, 4 inch and 6 inch
19. Neo-synephrine, 1% 10 mg per ampule
20. Levophed, 4 mg per ampule
21. A vial Aramine
22. 5% dextrose and saline in solution (1000cc) plus IV tubing
23. 5% dextrose—Ringers Lactate, 1000cc plus IV tubing and stand
24. Injectable Valium and Thorazine
25. Sodium bicarbonate
26. Inflatable arm and leg splints
27. Ambubag and airway suction equipment

Guide to Health History Forms

The attached is a very broad list of problems the physician responsible for the jail may wish to use *as a guide* when she/he develops a health history form and format. Self-report format may be a useful, time-saving innovation applicable to most inmates in jail.

We wish to thank the personnel of the Washington State Medical Association for their assistance.

Name & Number _____

Date: _____

Medical Confidential

Health History

HAVE YOU EVER?	YES	NO		DO YOU?	YES	NO	
Lived with anyone who had TB				Wear glasses or contact lenses			
Coughed up blood				Have vision in both eyes			
Bled excessively after injury				Wear a brace or back support			
Attempted suicide							
HAVE YOU EVER HAD OR HAVE YOU NOW?	YES	NO	DON'T KNOW	HAVE YOU EVER HAD OR HAVE YOU NOW?	YES	NO	DON'T KNOW
Asthma				Night Sweats			
Tuberculosis				Tumors, Cysts, or Growths			
Cancer or Tumor				Cramps in your Legs			
Diabetes				Rupture or Hernia			
Emphysema				Recent gain or loss of Weight			
Ear, Nose, or Throat Trouble				Frequent Indigestion			
Hearing Loss				Stomach Trouble or Ulcer			
Chronic or Frequent Colds				Hepatitis or Jaundice			
Hay Fever				Gall Bladder Trouble			
Severe Tooth or Gum Trouble				Hemorrhoids or Rectal Trouble			
Shortness of Breath				Head Injuries			
High Blood Pressure				Epilepsy or Seizures			
Pain or Pressure in Heart				Frequent or Severe Headaches			
Pounding Heart				Loss of Memory or Amnesia			
Arthritis or Bursitis				Periods of Unconsciousness			
Fractures (Broken Bones)				Paralysis, Numbness, Weakness			
Bone, Joint, or Other Deformity				Dizziness, Fainting Spells			
Painful or Trick Shoulder				Nervous Problem of Any Type			
Foot Trouble				Alcoholism			
Recurrent Back Trouble				Syphilis, Gonorrhea			
Swollen or Painful Joints				Drug Allergies			
Kidney Trouble				Lumps, Pain, Discharge on Breast			
Frequent or Painful Urination				Change in Menstrual Pattern			
Blood in Urine				Pregnancy/Abortion/Miscarriage			
Recurrent Infections				Treated for Female Disorder			
Rheumatic Fever				Thyroid Trouble			
YOUR PRESENT DOCTOR'S NAME (Address, Phone)				Have you ever been a patient or received treatment in a hospital? (surgery/injuries); state where, when, why & address			
Have you ever been treated for a mental condition? (If yes, state reason and give details)				Have you ever taken narcotics? (If yes, state what kind, when you last took it, and if you are in a treatment program)			
Highest level of education (years)				Additional Remarks: (use reverse side)			
Have you ever been incarcerated in this jail before? (if so, when?)							

Guide to the Annual Statistical Report

The responsible physician communicates with the facility administrator regarding the population's health and medical needs for the purposes of management information and planning. This communication is conducted via meetings, conferences and reports, one of which is the Annual Statistical Report which outlines the frequency of services delivered by various categories of health care.

The attached is an example of an Annual Report and serves to guide the physician responsible for the facility's medical services in the development of a practical and effective reporting form. The annual data is a total of that data which is collected on a monthly basis. Please note that this report is designed for a system that

provides only sick call and physical examinations within the jail; all other services, in the community.

Editor's Note:

The jail should keep certain statistics as well for the purposes of planning the health care delivery system. At a minimum the following types of information should be collected: average daily intake; average daily population; average length of stay which can be sub-classified into less than one day, 1 days, 8-14 days, more than 14 days; and total annual population categorized by male, female, juvenile and adult.

We wish to thank the U.S. Bureau of Prisons for their assistance in the development of this guide.

Part II

Guide to The Medical Record

A medical record, for these purposes, is defined as a document or series of documents which contain significant clinical information concerning a patient. The Joint Commission on Accreditation of Hospitals standards require that the "... record should be sufficiently detailed to enable: the responsible practitioner to provide effective continuing care to the patient; to determine later what the patient's condition was at a specific time; and to review the diagnostic and therapeutic procedures performed and the patient's response to treatment; a consultant to render an opinion after an examination of the patient and a review of the medical record; another practitioner to assume the care of the patient at any time; and pertinent information required for utilization review and patient care evaluation studies to be retrieved."¹

The American Medical Association Standards for the Accreditation of Medical Care and Health Services in Jails require that the "... medical record file contains the completed receiving screening form, health appraisal data collection forms, all findings, diagnoses, treatments, dispositions, prescriptions and administration of medications, notes concerning patient education, notations of place, date and time of medical en-

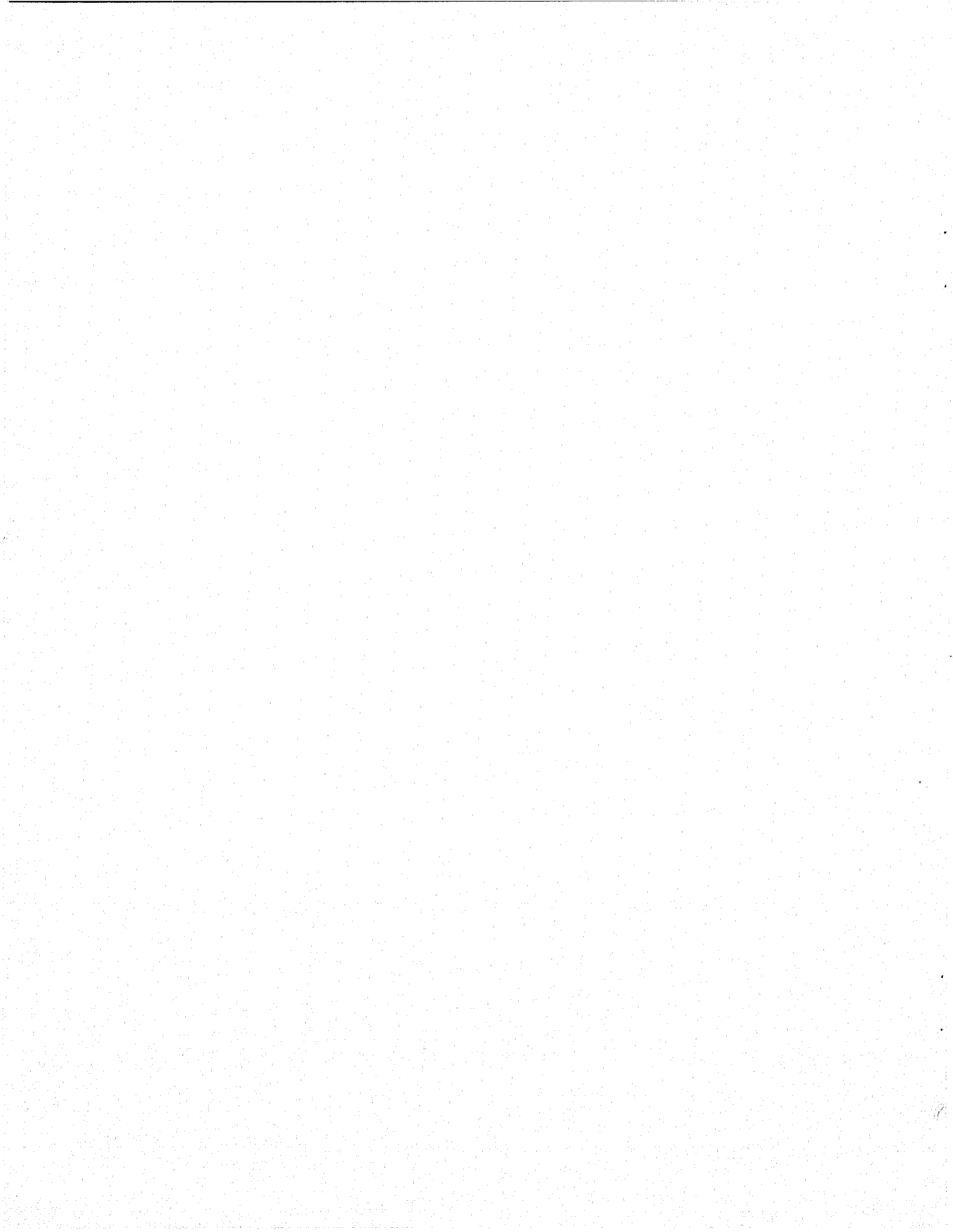
counters and discharges from medical treatment."

There are several forms and formats for medical records; good ones are individualized to reflect the "type" of care rendered as well as the type of organization or system delivering the medical care.

This guide contains sample forms from a medical record folder which lend themselves to adaptation to the health care system in a specific jail. This record folder is, by necessity, incomplete in that laboratory test (posting) sheets, inmate request for medical care forms, consultation sheets, etc., are not included because these forms must reflect the individual medical delivery system.

1. *JCAH Accreditation Manual for Hospitals*, April 1976, p. 93-94.

We wish to thank the following agencies for their assistance: Michigan State Medical Society; Washington State Medical Association; Michael Reese Medical Center, Chicago, Illinois; and Medical & Chirurgical Faculty of Maryland.





Jones County Jail Medical Record

Nidetz, Marni

123-4567

This record is CONFIDENTIAL and is not to be removed from the Medical Section. Refer all requests for information to the jail physician.

Problem List

PROBLEM NO.	DATE ENTERED	PROBLEM RESOLVED	DATE RESOLVED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
			
			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			

Medical Record Face Sheet

Patient's Last Name	First	Medical Record No.	Jail No.	Bldg.	Cell	Tier
Patient's Home Address		City	State	Zip	Phone No.	
Age	Date Of Birth	Place of Birth	Sex	Date Admitted to Jail	Date Released from Jail	
Family Physician?						
Name of Person to Call in Case of Emergency			Relationship	Home Phone		
Address of Emergency Person				Business Phone		
Name of Nearest Legal Relative			Relationship	Home Phone		
Address of Relative				Business Phone		
For Obstetrical Patients	Number of Children	Now Living	Born Alive & Died	Stillborn		
For Minors or Legal Incompetents	Name of Legal Guardian		Home Phone			
	Address of Legal Guardian		Business Phone			

Physical Examination

Name & Number _____

Date: _____

Blood Pressure:	Pulse Rate:	Pulse Rhythm:	Respir. Rate:	Respir. Rhythm:
Height:	Weight:	Temp:	Visual Acuity:	Ocular Tension:

General appearance: Healthy Unhealthy

PARTS OF THE BODY	OBSERVATION		
1. Head, face, scalp			
2. Skin (a) lesions, ulcers, jaundice (b) lacerations, tracks			
3. Eyes (a) pupils (b) conjunctiva, sclera			
4. Ears (a) pinnae, canals, drums (b) gross hearing			
5. Nose			
6. Mouth (a) teeth/dentures (b) throat			
7. Neck (a) lymph nodes (b) masses			
8. Chest Wall			
9. Breasts			
10. Lungs			
11. Heart (a) rate (b) murmurs			
12. Abdomen (appearance)			
13. Liver (a) size (cm) (b) tenderness (c) edge			
14. Spleen			
15. Groin (a) nodes (b) lesions (c) hernias			
16. Back (a) pain (b) range of motion			
17. Extremities (a) clubbing (b) tracks			
18. Flanks			
19. Joints (a) deformity (b) range of motion			
20. Neurologic (a) reflexes (b) gross touch (c) gait (d) oriented (e) speech			
21. Rectal			
22. MALES: Penis, scrotum, testes			
23. FEMALES: (a) vulva, vagina (b) cervix (c) uterus, adnexae			
Laboratory Results: PPD or tine	RPR or VDRL	SGPT	U.A.

Disposition/Referral

Signature of Examiner _____

Name & Number _____

Date: _____

Medical Confidential

Health History

HAVE YOU EVER?	YES	NO	DO YOU?	YES	NO		
Lived with anyone who had TB			Wear glasses or contact lenses				
Coughed up blood			Have vision in both eyes				
Bled excessively after injury			Wear a brace or back support				
Attempted suicide							
HAVE YOU EVER HAD OR HAVE YOU NOW?	YES	NO	DON'T KNOW	HAVE YOU EVER HAD OR HAVE YOU NOW?	YES	NO	DON'T KNOW
Asthma				Night Sweats			
Tuberculosis				Tumors, Cysts, or Growths			
Cancer or Tumor				Cramps in your Legs			
Diabetes				Rupture or Hernia			
Emphysema				Recent gain or loss of Weight			
Ear, Nose, or Throat Trouble				Frequent Indigestion			
Hearing Loss				Stomach Trouble or Ulcer			
Chronic or Frequent Colds				Hepatitis or Jaundice			
Hay Fever				Gall Bladder Trouble			
Severe Tooth or Gum Trouble				Hemorrhoids or Rectal Trouble			
Shortness of Breath				Head Injuries			
High Blood Pressure				Epilepsy or Seizures			
Pain or Pressure in Heart				Frequent or Severe Headaches			
Pounding Heart				Loss of Memory or Amnesia			
Arthritis or Bursitis				Periods of Unconsciousness			
Fractures (Broken Bones)				Paralysis, Numbness, Weakness			
Bone, Joint, or Other Deformity				Dizziness, Fainting Spells			
Painful or Trick Shoulder				Nervous Problem of Any Type			
Foot Trouble				Alcoholism			
Recurrent Back Trouble				Syphilis, Gonorrhea			
Swollen or Painful Joints				Drug Allergies			
Kidney Trouble				Lumps, Pain, Discharge on Breast			
Frequent or Painful Urination				Change in Menstrual Pattern			
Blood in Urine				Pregnancy/Abortion/Miscarriage			
Recurrent Infections				Treated for Female Disorder			
Rheumatic Fever				Thyroid Trouble			
YOUR PRESENT DOCTOR'S NAME (Address, Phone)				Have you ever been a patient or received treatment in a hospital? (surgery/injuries); state where, when, why & address			
Have you ever been treated for a mental condition? (If yes, state reason and give details)				Have you ever taken narcotics? (If yes, state what kind, when you last took it, and if you are in a treatment program)			
Highest level of education (years)				Additional Remarks: (use reverse side)			
Have you ever been incarcerated in this jail before? (if so, when?)							

Receiving Screening Form

DATE _____

NAME _____ SEX _____ D.O.B. _____ TIME _____

INMATE NO. _____ OFFICER OR PHYSICIAN _____

Booking Officers Visual Opinion

- | | | |
|---|-----|----|
| 1. Is the inmate conscious? | YES | NO |
| 2. Does the new inmate have obvious pain or bleeding or other symptoms suggesting need for Emergency Service? | YES | NO |
| 3. Are there visible signs of trauma or illness requiring immediate Emergency or Doctor's care? | YES | NO |
| 4. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail? | YES | NO |
| 5. Is the skin in good condition and free of vermin? | YES | NO |
| 6. Does the inmate appear to be under the influence of alcohol? | YES | NO |
| 7. Does the inmate appear to be under the influence of barbiturates, heroin or any other drugs? | YES | NO |
| 8. Are there any visible signs of Alcohol/Drug withdrawal symptoms? | YES | NO |
| 9. Does the inmate's behavior suggest the risk of suicide? | YES | NO |
| 10. Does the inmate's behavior suggest the risk of assault to staff or other inmates? | YES | NO |
| 11. Is the inmate carrying medication or does the inmate report being on medication which should be continuously administered or available? | YES | NO |

Officer-Inmate Questionnaire

- | | | |
|---|-----|----|
| 12. Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure, or psychiatric disorder? Circle Condition. | YES | NO |
| 13. Do you have a special diet prescribed by a physician?
Type _____ | YES | NO |
| 14. Do you have history of venereal disease or abnormal discharge? | YES | NO |
| 15. Have you <i>recently</i> been hospitalized or recently seen a medical or psychiatric doctor for any illness? | YES | NO |
| 16. Are you allergic to any medication? | YES | NO |
| 17. Have you fainted recently or had a recent head injury? | YES | NO |
| 18. Do you have epilepsy? | YES | NO |
| 19. Do you have a history of tuberculosis? | YES | NO |
| 20. Do you have diabetes? | YES | NO |
| 21. Do you have hepatitis? | YES | NO |
| 22. If female, are you pregnant? | YES | NO |
| 23. Are you currently on birth control pills? | YES | NO |
| 24. Have you recently delivered? | YES | NO |
| 25. Do you have a painful dental condition? | YES | NO |
| 26. Do you have any other medical problem we should know about? | YES | NO |

REMARKS:

1. _____
2. _____
3. _____
4. _____

(A copy of this form is included in the inmate's medical record)

Doctors Orders to the Jailer

Patient's Name _____ I.D. # _____

Date _____ Time _____

Treatment Prescribed _____

Medication Prescribed _____
& medication administration
instructions _____

Special instructions _____
(restrictions of diet,
activity, work assign-
ment, observation
orders, etc.)
Referral/Return appointment _____

Physician/Dentist

Date

END